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PERCEPTION AND UPTAKE OF FOCUSED ANTENATAL CARE AMONG SKILLED BIRTH ATTENDANTS IN A TERTIARY HOSPITAL IN NIGERIA

Beatrice M. OHAERI RN, PhD[1], Ngozichika O. OKEKE RN, MSc[2], *Gbemisola B. OGBEYE RN, MSc[3]
[1,]Department of Nursing, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Nigeria.
[2]Department of Nursing, Faculty of Basic Medical Sciences, University of Benin, Benin City, Nigeria.
[3]Directorate of Health Services, Federal University of Technology, Akure, Ondo State, Nigeria.

ABSTRACT: *The replacement of the traditional antenatal care service model with focused antenatal care (FANC) has been viewed with mixed feelings by skilled birth attendants. This study therefore, assessed skill birth attendants' perception and uptake of focused antenatal care at University of Benin Teaching Hospital, Benin City. A descriptive cross-sectional design that utilized convenient sampling to recruit 229 participants comprising of doctors, midwives and nurses from the various obstetrics departments participated in the study. Consent was obtained from the participants and was voluntary. A semi-structured questionnaire with a reliability of 0.72 was used for data collection. Data were analysed using frequencies, percentages and chi-square with the aid of Statistical Package for Social Sciences version 21. Results revealed that 82.4% of the respondents had good knowledge of FANC, while 69.2% of the respondents used FANC, only 2.4% had wrong perception of it usage. Moreover, 48.8% of the respondents had poor level of FANC uptake, 25.6% of respondents had fair uptake of FANC, while 25.6% have good level of its uptake. In addition, a significant association was found between professionals and uptake of focused antenatal care among the skilled birth attendants, while no significant association found between perception and uptake of focused antenatal care among the skilled birth attendants.It is therefore concluded that skilled birth attendants' knowledge is high and they had positive and good perception to focused antenatal care however their uptake is poor.*
KEY WORDS: Antenatal care, pregnancy, maternal mortality and skilled birth attendant.

INTRODUCTION

Maternal, neonatal morbidity and mortality rates, rank highest in Africa as reported by the World Health Organization and the Institute for Health Metrics and Evaluation, which estimate that approximately 800 women die from preventable causes related to pregnancy and childbirth every day, with 99% of these maternal deaths taking place in developing countries (WHO &IHME 2014) As a consequence, every year over 250,000 African women die because of complications related to pregnancy and childbirth, and four million African women have non-fatal complications of pregnancy (Save the Children, USAID, UNFPA, UNICEF &WHO, 2012). Therefore, in order to reduce maternal deaths through antenatal care, it is critical to link care with detecting and treating causes of maternal mortality by a skilled birth attendant which can only be achieved through effective utilization of antenatal care services. Evidence shows that the presence of skilled attendance at birth, when most maternal deaths occur, has shown to significantly reduce maternal morbidity and mortality (Campbell and Graham 2006) However, a reduction in maternal mortality ultimately depends on access to adequate obstetric

care which could not be achieved through the traditional antenatal programmes as a result of poor implementation (Abou-Zahr and Wardlaw 2003).

The most common causes of maternal mortality in developing countries are: unsafe abortion, haemorrhage, eclampsia, infection and obstructed labour, which are either avoidable or treatable (Adesokan, 2014). Against this background, improving maternal health is one of the sustainable development goals that have health-related targets for mothers, newborns and children under the umbrella of Universal Health Coverage by 2030. Improved maternal health focuses more attention on the period of pregnancy and delivery, hence the adoption of Focused Antenatal Care (FANC) by World Health Organisation for birth attendants, therefore, skilled birth attendants must be knowledgable about this evidenced based concept (FANC) for effective utilisation (Adesokan, 2014).

LITERATURE REVIEW

Focused Antenatal care has been proven to improve maternal and neonatal health outcomes and identified as a tool to achieve the Sustainable Development Goal rather than the age-longed traditional antenatal care model where clients come for frequent visits (WHO, 2016)Focused antenatal care is a goal-oriented antenatal care approach, which was recommended by researchers in 2001 and adopted by the World Health Organization (WHO) in 2002. It approaches to antenatal care (ANC) emphasizes four main components which are: evidenced based goal directed actions, family centered care, quality rather than quantity of ANC visits and care by skilled providers (Adesokan, 2014).

Focused antenatal care became the recommended type of antenatal care following the publication by WHO trial on antenatal care. It was discovered that more frequent visits do not necessarily improve pregnancy outcomes. A minimum of 4 visits to the pregnancy health care centre for pregnancies without complications was recommended. The first visit should be within 16 weeks or when woman first thinks she is pregnant, second visit at 20 - 24 weeks or at least once in second trimester, while the third visit should be between 28 - 32 weeks of pregnancy and fourth visit at 36 weeks or later.

Limited resources of developing countries like Nigeria can be redirected to give better quality antenatal care services such as: blood pressure check, abdominal examination, fetal heart beat check, proteinuria (urine test), hemoglobin test (blood test), HIV test, Syphilis test as well as whether pregnant women had ever received iron drugs, Tetanus toxoid (TT) vaccines, Intermittent Preventive Treatment in pregnancy (IPTp), Long Lasting Insecticide Nets (LLIN), multivitamins and whether the women were directly observed (DOT) when taking the IPTp (sp) (Ajayi and Osakinle, 2013) across the recommended four visits (Villar, Ba'aqeel, Piaggio, Lumbiganon, Miguel and Farnot, 2009).

The maternal mortality is high in the sub-Saharan countries due to many factors which include: failure of pregnant women to attend the antenatal clinics and many more are not delivered by trained and skilled personnel. Even the trained personnel use the old method that is less effective in preventing child and maternal mortally. (Adesokan, 2014). Therefore, this research work was aimed at assessing the skill birth attendants' knowledge and perception of focused antenatal care, and also to identify challenges accrued with the adoption of the FANC

THEORETICAL FRAMEWORK

The Theory of Goal Attainment by Imogene King provided the theoretical guide for this study It describes a dynamic, interpersonal relationship in which a client grows and develops to attain certain life goals. The model has three interacting systems: personal, interpersonal, and social. Each of these systems has its own set of concepts. The concepts for the personal system are perception, self, growth and development, body image, space, and time. The concepts for the interpersonal system are interaction, communication, transaction, role, and stress. The concepts for the social system are organization, authority, power, status, and decision-making (Alligood &Tomey, 2002).

The Theory of Goal Attainment defines nursing as "a process of action, reaction and interaction by which nurse and client share information about their perception in a nursing situation" and "a process of human interactions between nurse and client whereby each perceives the other and the situation, and through communication, they set goals, explore means, and agree on means to achieve goals." In this definition, action is a sequence of behaviors involving mental and physical action, and reaction is included in the sequence of behaviors described in action. King states that the goal of a nurse is to help individuals to maintain their health so they can function in their roles. The domain of the nurse "includes promoting, maintaining, and restoring health, and caring for the sick, injured and dying." The function of a professional nurse is "to interpret information in the nursing process to plan, implement, and evaluate nursing care."

In application to this study, the concepts of perception and uptake of FANC by skilled birth attendants would be interrelated to the concepts of interaction, perception, communication, transaction, self, role, stress, growth and development, time, and space used in the theory of goal attainment. This therefore deals with a nurse-client dyad, a relationship to which each person brings personal perceptions of self, role, and personal levels of growth and development. The nurse and client communicate, first in interaction and then in transaction, to attain mutually set goals (i.e. uptake of FANC). The relationship takes place in space identified by their behaviors and occurs in forward-moving time. Open Systems Framework as utilized, is a Structure that can presented in three open systems.

- *Function,* demonstrated in reciprocal relations of maternal health professionals in their interaction.
- *Resources* include both people (maternal health professionals and their clients) and money, goods, and services for items needed to carry out specific activities (FANC).
- *Decision making* occurs when choices are made in resource allocation to support attaining system goals, in this case reduction of maternal mortality through undergoing specified antenatal service.

METHODOLOGY

Research design: It was a descriptive cross-sectional study conducted among the skilled birth attendants at University of Benin Teaching Hospital, Benin City Edo State of Nigeria. The Study population is as shown in the Table 1.

Subject Selection criteria: Qualified doctors, Nurses and midwives involved in the management of pregnant women at UBTH, in Benin City.

Instrument for data collection: A semi-structured questionnaire made up of open and closed ended questions to meet the study objectives; was used to collect data from skilled birth attendants. The questionnaire was made up of five sections: the demographic characteristics of the respondents with 5 items, knowledge with 11 items, perception with 8 items, uptake of FANC among SBA's; 10 items and contributing factors influencing SBAs' uptake of FANC with 8 items and 14 hindering factors influencing SBAs' uptake.

Sample Size calculation

The sample size was calculated using Yamen (1967) formular for known and unknown population

$$n = \frac{N}{1+Ne^2}$$

n = required responses (sample size)
e = error limit at 5% (standard value = 0.05)
N = target population of study

$$n = \frac{532}{1+532(0.05)^2} = \frac{532}{2.33}$$

n = 228.33 responses

Therefore, actual sample size was 229, and then 10% attrition rate was added to the actual sample making 250 respondents that was used for this study.

Method of Data Collection

Data were collected using questionnaires administered to the respondents in their respective departments and units based on the inclusion criteria at UBTH, within a space of 4weeks.
The data were collected based on the knowledge, perception and uptake of FANC

Data Analysis

The administered questionnaires were collected and screened for completeness of data on MS Excel spread sheet excel by the researcher, coded and entered into the spreadsheet and Statistical Package for Social Sciences was used for descriptive analysis. Chi square test was used for inferential analysis for variables in respect to respondents' knowledge, perception and uptake of FANC among skilled birth attendants UBTH. All statistical analyses were done at $P \leq 0.05$.

Ethical Consideration

Ethical approval for this research was obtained from the ethical committee of University of Benin Teaching Hospital requesting permission to carry out study. Also, the respondents were assured of the anonymity of the information and that they could withdraw at any time without untoward consequence.

RESULTS

Socio-demographic characteristics of Respondents

Table 2 showed the demographic characteristics of the respondents, 42.4% and 42.0% were midwives and nurses respectively, while doctors constituted 15.6% of the respondents. Also,

86.0% were females, while, the males were 14.6% of all the respondents. A total of 95 personnel (38.0%) and 37.2% personnel work in postnatal ward and labour ward respectively, while 6.0% of the skilled birth personnel work in the labour theatre. Forty four percent of the respondents were Nursing officer II and 1.2% were Asst. Directors. Majority (75.6%) of the respondents only had between 1-9 years of working experience in their Units/Departments while just 4.8% have had 30 years of working experience and above.

Knowledge of focused Antenatal care among skilled birth Attendants

Table 3 described the knowledge of focused antenatal care among skilled birth attendants. Majority (82.4%) of the respondents claimed to have pre-knowledge of focused antenatal. This percentage also affirm and advocates minimum of 4 visits for pregnancies without complication" as the option that best defines focused antenatal care. Other respondents (9.2% and 6.0%) advocated for five to seven visits.

More than half (55.6%) of the respondents supported the fact and indicated that client's family, skilled birth attendants and the client were the essential components of focused antenatal care. A total of 37 respondents (14.8%) of the skilled birth attendants responded that FANC was evidence based while 22 (8.8%) felt it was goal directed. However, 227(90.8%) indicated that it is true that the major concept of FANC emphasizes quality over quantity of visits

Similarly, most of the respondents did not believe the concept of FANC had any way of improving the quality and outcome of the pregnancies neither can it prevent a potential risked pregnancy from the risk(s). Nevertheless, 80% of the respondents were of the opinion that FANC prepares the mind of potential risked client. Meanwhile (80%) of the respondents also agreed with the fact that FANC helps to develop a concise birth plan between the client, family and a skilled birth provider for early detection and prevention of pregnancy complications.

Perception of skilled birth attendance to FANC

Table 4 described the perception of skilled birth attendants to FANC. It was observed that that 48.8% of the skilled birth attendants disagreed that focused antenatal care is time wasting unlike regular antenatal care; hence should be discouraged, however, 121 (48.4%) of the respondents disagreed that focused antenatal care unlike regular antenatal care does not foster therapeutic relationship between the professional and client; hence should be discouraged. Also 44.4% of the respondents disagreed that focused antenatal care wastes resources and manpower unlike regular antenatal and therefore should be discouraged, In the same vein, 43.2% disagreed that focused antenatal care is not feasible unlike regular antenatal care; hence cannot be practiced and should therefore be discouraged. Meanwhile, 68.4% agreed that focused antenatal care is not cost effective unlike regular antenatal care, while 48.8% also disagreed that it is time wasting. Major findings from the respondents revealed that many women in Nigeria attend ANC just to obtain registration cards in case of unexpected emergency and that many women in Nigeria do not appreciate the benefits of FANC. However, most of the respondents (97.6%) have a good perception of FANC.

Uptake of FANC among Skilled birth Attendants

The uptake of focus antenatal care among skilled birth attendants at UBTH as reveals in Table 5 shows that 69.2% of the respondents utilized focused antenatal care in their facilities, however, among the respondents that utilized FANC; 43.6% of the respondents moderately utilize FANC, 58(23.2%) indicated little utilization, while 43(17.2%) do not use it at all and

40(16.0%) indicated that they use it very well. Meanwhile, 46.6% of the respondents supported the fact that few pregnancies had benefited from focused antenatal care. More than half of the respondents 56.8% discussed birth preparedness and complication readiness, HIV counseling and prevention of mother to child transmission and iron supplementation and intermittent preventive treatment with clients in the first visit.

Moreover, 55.6% of the respondents considered education and socio-economic status, environment and sources of information on maternal care services and marital status and health assessment as predictors of focused antenatal care utilization while 48% of respondents considered focused antenatal care attendance, delays in uptake of focused antenatal care and population based estimate of focused antenatal cares as major determinants to utilization of focused antenatal care.

DISCUSSIONS OF FINDINGS

Findings from this study revealed that majority of the respondents had a good knowledge of the concept of Focused Antenatal Care despite the fact that its utilization after adoption is still low in some health facilities in Nigeria, this is consistence with the findings of Ezeonu *et al.*, (2014) in a cross-sectional survey performed among clinicians who attended a conference held in Lagos, Nigeria, where all the respondents (100%) were aware of FANC models of prenatal care. Similar to this, Ajah, Nwali, Amah, Nwankwo, Lawani and Ozumba, (2017) in their study on attitude of Reproductive Healthcare Providers to Prenatal Diagnosis in a Low Resource Nigerian Setting found out a high level of awareness and favorable disposition to focused antenatal care. However, contrary to this is the findings of Ekabua and Njoku, (2011) in a proposed framework for making focused antenatal care services accessible in south-south Nigeria, On-site visits to five teaching hospitals carried out between 2006 and 2008 to assess the practice of antenatal care revealed low awareness and knowledge of FANC among the Patruients indicating that it is still rudimentary to the environment.

Meanwhile, this study also revealed that most (97.6%) of the respondents had a right perception of FANC while 2.4% had wrong perception, It may not be out of place to say that the above is a reflection of patients' perception as documented by Malta et al 2016 in their study on Educational intervention regarding diet and physical activity for pregnant women: changes in knowledge and practices among health professionals, that patients' perception affects professionals' perception as well. This is however buttressed by the findings of Eleje *et al* (2015) in the study on Perceptions of focused prenatal care among women attending two tertiary centers in Nigeria, the study revealed that pregnant women expressed dissatisfaction with a reduced number of visits in FANC despite the fact that it is goal oriented and evidenced-based thereby showing a preference to the traditional model of Antenatal care.

Furthermore, this study revealed that many of the respondents (48.8%) had poor level of uptake of FANC, 64(25.6%) of the respondents had fair uptake of FANC, while equal proportion 64(25.6%) had good level of uptake. This finding is in line with that of Umeora, Ejikeme, Sunday-Adeoye and Ogu, (2008) who opined that the recommended WHO antenatal focused visits with reduced number of visits and tests are yet to be implemented in many communities in rural Nigeria. Fagbamigbe and Idemudia, (2015) corroborated the

above by maintaining that the levels of desirable and minimum acceptable quality of ANC services were poor in Nigeria thereby jeopardizing efforts to achieve the MDGs.

Worthy to note in this study is that inaccessibility of skilled personnel and institutional protocol, increased communication gap between provider and client increased cost in delivery of care and high poverty in communities were some of the factors that influence the uptake of FANC. This is in line with the documentation of Adesokan, (2014) who itemized Ignorance, institutional protocols, lack of policies, delays in seeking health care services and socio-cultural norms among the negative factors (barriers) to achieving these goals in the uptake of FANC among SBAs. However, a significant association was found between professionals and uptake of FANC.

Research implications

The information about Uptake of FANC among skilled birth attendants obtained from this study will help nurse administrators in proper sensitizations, making provision for the development of appropriate strategies to create and retain a proper nursing workforce for continuity of care and interventions scaled towards accessing skilled care during pregnancy, childbirth and immediate postnatal periods in community and at facility levels. There should be capacity building of professional and non-professional staff for optimal FANC practices and approaches aimed at providing high quality of maternal health services during pregnancy, childbirth and post-partum periods.

In relation to nursing education, Policies should be strengthened, measures on capacity building and training of maternal care professionals to acquire basic skills in focused antenatal care also policies should be formulated to promote education in hospitals on focused antenatal care.
It is also important to nursing research because it can be used as a building block to assist in developing and researching strategies in maternal health care services. Nurses could use this information to build solid and supportive units. This is important because the quality of nursing care affects every aspect of a nurse's practice and also the patients' care.

CONCLUSION

Based on the findings, it is concluded that knowledge high and skilled birth attendants have good perception towards focused antenatal care however, their uptake is low. Most times their level of uptake is often evidenced based and dependent on the profession, setting, institutional protocol, delivery of standard of care by professionals, providers' level of practice and sociocultural factors consequently these factors could be improved on.

Recommendations

Educational policy should be formulated to provide support for the training and empowerment of midwives. Interventions should be made to increase organizational and professional support for maternal care professionals on FANC. Furthermore there should be extensive use of the media on reproductive health issues and participation of stakeholders in RH issues, programs as well as improve maternal health policy at local, state and National levels this will improve maternal health policy and RH programs

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List of Tables

Table 1: The study population and distribution of skilled birth attendants across units

Service Point	Skilled Birth Attendants		Total
	Doctors	Midwives	
Antenatal care Clinic	25	71	96
Labour Theatre	30	68	98
Labour Ward	28	70	98
Postnatal Ward(M1 &M2)	56	104	160
Art Clinic	20	60	80
Total	159	373	532

Table 2: Demographic Data of Respondents

Demographic	**Frequency (N = 250)**	**Percent (%)**
Occupation		
Doctor	39	15.6
Midwives	106	42.4
Nurse	105	42.0
Gender		
Male	35	14.6
Female	215	86.0
Unit/Department		
ANC Clinic	25	10.0
Labour Theatre	15	6.0
Labour Ward	93	37.2
Postnatal Ward(M1 &M2)	95	38.0
ART Clinic	22	8.8
Cadre/Rank		
Asst. Director	3	1.2

CNO	6	2.4
HO	21	8.4
NO I	31	12.4
NO II	110	44
PNO	22	8.8
Resident	17	6.8
SNO	40	16
Years Of Experience in the Unit/Department		
1-9 years	189	75.6
10-19 years	34	13.6
20-29 years	15	6.0
30 and above	12	4.8

Table 3: Knowledge of Focused Antenatal Care

Variables	Frequency (n = 250)	Percent
Heard of Focused Antenatal Care (FANC) before		
Yes	206	82.4
No	44	17.6
Option that Best Defines Focused Antenatal Care		
A comprehensive approach to antenatal care recommended by WHO that advocates minimum of 4 visits for pregnancies without complication	206	82.4
An approach that relies only on routine investigation	29	11.6
A process that incurs much cost for the pregnant women and health facility	7	2.8
An approach that depends on risk indicators only	13	5.2
WHO recommended number of visits for FANC		
4	197	78.8
5	15	6.0
6	15	6.0
7	23	9.2
A non essential component of FANC		
Skilled birth attendant	37	14.8

Client	9	3.6
Client's family	65	26.0
None of the above	139	55.6
A non major component of FANC		
Evidence based	37	14.8
Goal directed	22	8.8
Family centered and quality services by SBAs	73	29.2
None of the above	118	47.2
Helping women maintain normal pregnancies through targeted assessment and individualized care by SBAs is not a FANC goal		
True	71	28.4
False	179	71.6
FANC emphasizes quality over quantity of visits		
True	227	90.8
False	23	9.2
The following are the significance of focused antenatal care except		
Provides skilled birth attendants' opportunity to introduce pregnant women to health care system and promote healthy behaviors during pregnancy and post-partum	28	11.2
Effective in reducing maternal and neonatal mortality and morbidity	77	30.8
An evidenced based interventions that is important in addressing prevalent issues affecting mothers and newborns	41	16.4
None of the above	111	44.4
Concepts of focused antenatal care include the following except		
Frequent visit do not necessarily improve pregnancy outcome	45	18.0
Many women who have risk factors (high risk group) may not develop complications	49	19.6
While women without risk factors (low risk group) may develop complications	64	25.6
None of the above	90	36.0
Heard of birth preparedness and complication readiness before		
Yes	200	80.0
No	50	20.0
Option That the Respondents Think Best Defines Birth Preparedness and Complication Readiness		
Development of concise birth plan between the client, family and a skilled birth provider for early detection and prevention of pregnancy complications	181	72.4
Financial plan preparation during childbirth only	42	16.8
Preparation for normal pregnancy only	17	6.8
Risk assessment of pregnancy only	9	3.6

Table 4: Assessing Skilled Birth Attendants 'Perception of FANC

	Agreed (Respondents / %)	**Strongly Agreed** (Respondents / %)	**Disagreed** (Respondents / %)	**Strongly Disagreed** (Respondents / %)

Focused antenatal care is not cost effective unlike regular antenatal care	107(42.8%)	39(15.6%)	88(35.2%)	16(6.4%)
Focused Antenatal care visits should be increased to 10 or more	89(35.6%)	20(8.0%)	98(39.2%)	43(17.2%)
Focused antenatal care discourages non skilled birth attendants managing pregnancies and deliveries.	82(32.8%)	11(2.0%)	95(38.0%)	45(18.0%)
Focused antenatal care does not foster therapeutic relationship between the professional and client;	50(20.0%)	26(10.4%)	121(48.4%)	53(21.2%)
Focused antenatal care is time wasting	43(17.2%)	10(4.0%)	122(48.8%)	75(30.0%)
Focused antenatal care is infeasible and in practicable; should therefore be discouraged	48(19.2%)	24(9.6%)	108(43.2%)	70(28.0%)
Focused antenatal wastes resources and manpower	54(21.6%)	23(9.2%)	111(44.4%)	62(24.8%)
FANCemphasizes that women have the following in common: (a) do not appreciate the benefit of ANC,	63(25.2%)	147(58.8%)	29(11.6%)	11(4.4%)
(b) Attend ANC just to obtain registration cards in case of unexpected emergency	177(70.8%)	37(14.8%)	22(8.8%)	14(5.6%)
(c) Stay away from health facilities due to poor professionals' attitude and unfriendly policies	54(21.6%)	149(59.6%)	33(13.2%)	14(5.6%)

Table 5: Assessing Skilled Birth Attendants' Uptake of FANC

Variables	Frequency (n = 250)	Percent
Utilization of FANC		
Yes	173	69.2
No	77	30.8
Frequency of Utilization		
Not at all	43	17.2
Little	58	23.2
Moderately	109	43.6
Very much	40	16.0
How many patients have benefited from this?		

None	31	12.4
Few	116	46.4
very few	49	19.6
Most	54	21.6
In the implementation of focused antenatal care in your institution, in the first visit which major components of focused antenatal care did you discuss with the client?		
Counseling on birth preparedness and complication readiness	51	20.4
HIV counseling and prevention of mother to child transmission	21	8.4
Counseling on iron supplementation and intermittent preventive treatment	36	14.4
All of the above	142	56.8
In the access to focused antenatal care in your facility, which practical elements did you utilize in client's care?		
continuity of care from a skilled birth attendant as well as birth preparedness and complication readiness	32	12.8
Early detection and management of pregnancy complications.	53	21.2
Health education and health promotion on pregnancy, child birth and postpartum	19	7.6
All of the above	146	58.4
In the management of client in your facility, which of these do you consider as a major predictor to focused antenatal care utilization?		
Education and socio-economic status	63	25.2
Marital status and health assessment	8	3.2
Environment and sources of information on maternal care services	40	16.0
all of the above	139	55.6
In the care of client in your institution, which of these do you consider as a major determinant to the utilization of focused antenatal care?		
Focused antenatal care attendance	56	22.4
Population based estimate of focused antenatal care coverage	32	12.8
Delays in uptake of focused antenatal care	42	16.8
All of the above	120	48.0
In the implementation of focused antenatal care in your facility, which of the following factor do you not consider as a major factor to focused antenatal care utilization by client?		
High cost	50	20.0
Poor quality and uncooperative providers	27	10.8
inaccessible government services	87	34.8
none of the above	86	34.4

Contingency Table for the Hypothesis

		Uptake			Total
		Poor	Fair	Good	
Perception	Wrong	5	1	0	6
	Right	117	63	64	244
Total		122	64	64	250

SBAs	**Do you utilize focused antenatal care in your facility?**	**Row Total**

	Yes	**No**	
Doctor	22	17	**39**
Midwives	92	14	**106**
Nurse	59	46	**105**
Column Total	**173**	**77**	**250**

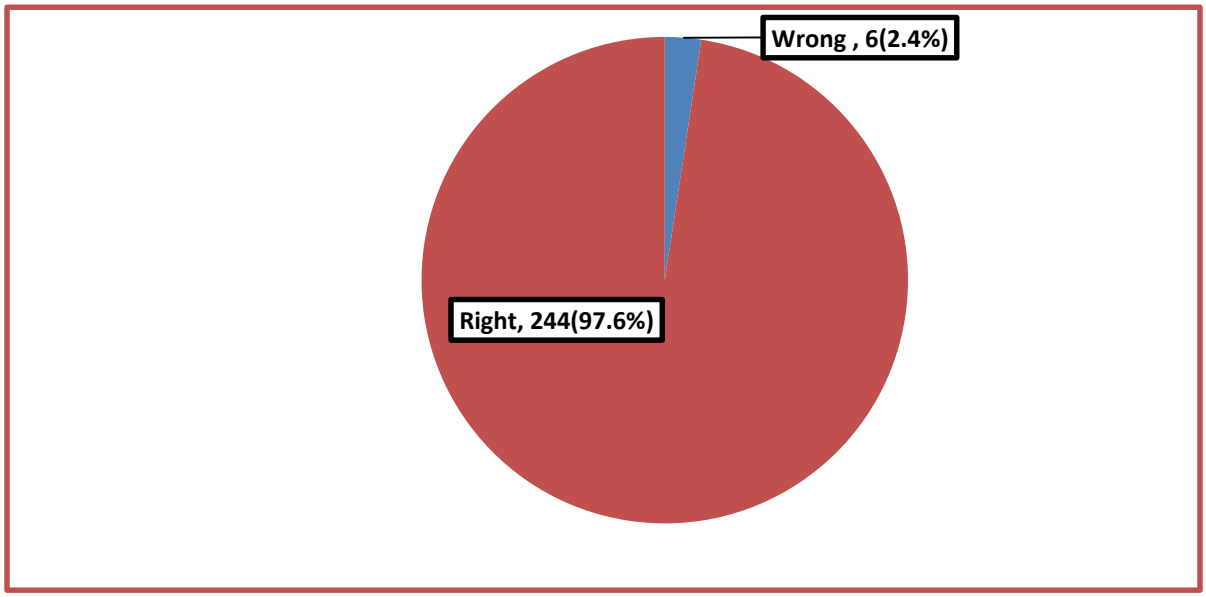

Figure 1: Respondents' Perception of FANC

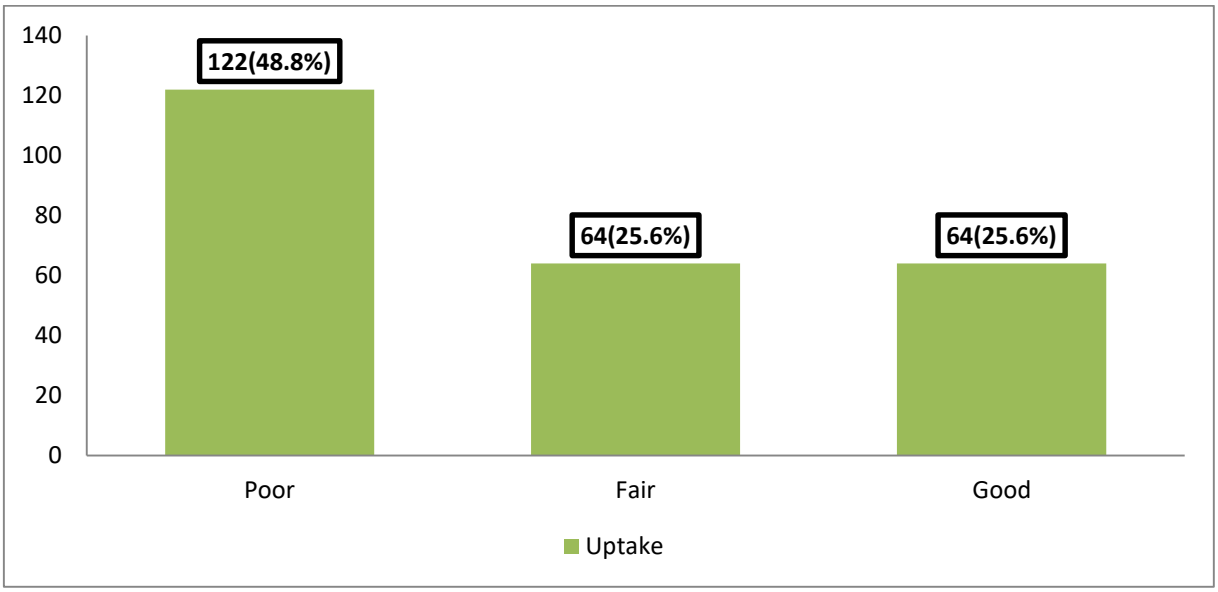

Figure 2: Respondents' Uptake of FANC